

MAINE NETWORK FOR HEALTH

MNH NEWS

COLLABORATING FOR HEALTHCARE EXCELLENCE

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MAYO REGIONAL HOSPITAL JOINS MNH NETWORK

Mayo Regional Hospital has become the 12th Maine hospital to join Maine Network for Health! As of October 2008, Mayo will participate in the MNH Network for various payor contracting arrangements and other services.

Mayo Regional is a non-profit, 25-bed critical access hospital located in Dover-Foxcroft, the county seat of Piscataquis County. Opened in 1978, Mayo was established by 12 local towns to serve the healthcare needs of residents in a three-county area of rural central Maine.

Mayo Hospital has 22 physicians and 355 staff members dedicated to providing acute medical/surgical care, intensive care, surgical services and obstetrics in an inpatient setting, as well as a wide array of outpatient services. Mayo Practice Associates, a department of the hospital, owns and operates eight physician practices in Corinna, Dexter, Dover-Foxcroft, Guilford and Milo.

MNH welcomes Mayo Regional Hospital and its providers to the MNH Network!



Visit us online!

www.mainenetwork.org

PATIENT CENTERED MEDICAL HOME PILOT STUDY CALLS FOR VOLUNTEERS

Using funding from the Maine Quality Forum and Maine Health Access Foundation, Quality Counts is looking for practices who have already received Level One designation on the NCQA Physician Practice Connection – Patient Centered Medical Home (PPC-PCMH) to participate in a three year pilot study beginning in early 2009.

The primary interventions of the pilot are

(1) to support practice transformation to a medical home model, and (2) to introduce an alternative payment model for primary care that recognizes the infrastructure and system investments needed to deliver high quality and efficient care.

If you are interested in participating please contact MNH at 942-2844 by November 15, 2008.

WEBEX SERIES: 2009 SCHEDULE

Please call (942-2844) or email (m.aldebron@mainenetwork.org) to register.

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|-----------------|--|
| Jan. 28: | Update on PTE, BTE, and NCQA Recognition Programs |
| Feb. 25: | Integrating Behavioral Health Services in Primary Care |
| Mar. 18: | Facilitating Productive Meetings |
| Apr. 22: | Creating an Effective Healthcare Team |
| May 27: | Open Access and Efficiency: Health Center Results |
| June-August: | No workshops |
| Sep. 23: | Health Information Technology to Improve Patient Care |
| Oct. 28: | Lean Principles in Primary Care, Part 2 |
| Nov. 18: | Project Management Basics |
| Dec. 16: | Patient Centered Medical Home “Pilot” Progress |

INSIDE THIS ISSUE:

| | |
|---|---|
| STAFF CONTACTS | 2 |
| HEALTH WEB PORTAL LAUNCHES | 2 |
| HWS AND AH CLOSE THEIR DOORS | 2 |
| JOC SCHEDULE | 2 |
| CALENDAR OF EVENTS | 2 |
| PAYOR UPDATES | |
| • CIGNA FEE SCHEDULE | 3 |
| • MARTIN’S POINT: NEW REIMBURSEMENT MODEL | |
| QUALITY IMPROVEMENT UPDATES | |
| • CMS PROMOTES E-PRESCRIBING | 3 |
| • CMS PAYS OUT FOR PQRI | |
| • STUDY ON E.D. USE | |
| FREE CONSULTATIONS FOR NCQA/BTE RECOGNITION | 3 |
| MNH PAYORS | 4 |

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JOC SCHEDULE

MNH holds regular conference calls or WebEx sessions for provider offices to speak directly with health plan representatives on concerns and issues. Please call 942-2844 for registration information.

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|------------------------------|--|
| Aetna | Dec. 2008 Day & Time TBA |
| CIGNA/ Great-West | Dec. 4, 2008 1 PM-2:30 PM Apr. 9, 2009 10 AM-12 PM |
| Coventry | Feb. 2009 Day & Time TBA |
| Humana | Dec. 5, 2008 1:30 PM-3 PM Jun. 11, 2009 1:30 PM-3:30 PM |
| MultiPlan | Feb. 2009 Day & Time TBA Jun. 2009 Day & Time TBA |

HEALTH WEB PORTAL ADVOCATES FOR “WHAT YOU DO MATTERS”

On November 1st, a new health web portal developed in cooperation with Healthy Maine Partnerships will be launched. Designed for patients and providers within and around a two county area (Penobscot and Piscataquis), this site will give you health and wellness strategies, an events calendar with regional and local activities, information for managing chronic conditions, and many additional linkages to other state and national resources. For those who need

to have information at their fingertips on diabetes, cardiovascular disease, cancer, and other chronic conditions, visit this health web portal. For physician practice providers and staff, please promote this site to your patients. The web portal can be found at www.whatyoudomatters.org. Aroostook County resources can be found at www.arostookhealth.org. Both have been funded by an AHRQ grant.

HWS AND AH CLOSE THEIR DOORS

It is with regret that we announce that *Health & Wellness Services* (our employee wellness program) and its sister program *Advocates for Health* (our care management program) are both ending their services to local employers and their employees. As of October 31, 2008, neither will be active as departments of Maine Network for Health.

outstanding clinical results, because it could not attract enough local employers for its wellness programs to allow it to sustain these programs.

We wish all the HWS staff the very best and thank them for their tremendous contributions to our program, which achieved extremely high client satisfaction.

HWS is discontinuing its services, despite



CALENDAR OF EVENTS

For more information or to register for WebEx events call 207.942.2844.

| | | |
|---|--------------------|---|
| Leadership and Developing a Culture for Quality Improvement | October 29 | MNH WebEx |
| “First Fridays”: Best of Physician Practice Seminar | November 7 | MMA, Manchester |
| MeMGMA: Maine Employment Law Updates and How to Keep Your Employees on Track | November 12 | Hilton Garden Inn Freeport |
| COPD Summit: Creating a Blueprint for Action | November 14 | Maine Principal’s Association Augusta |
| Using Technology for Patient Care Management: Results of Collaborative Successes | November 19 | MNH WebEx |
| “First Fridays”: Preserving Your Health | December 5 | MMA, Manchester |
| IHI’s 20th National Forum on Quality Improvement in Health Care | December 8-11 | Nashville, TN |
| Patient Self-Management Concepts for Primary Care | December 10 | MNH WebEx |
| MeMGMA’s annual Third Party Payer Update seminar | January 14 | Keeley the Katerer’s Portland |
| MeMGMA’s annual Third Party Payer Update seminar | January 21 | Jeff’s Catering Brewer |
| The Quest for Excellence XXI | April 19-22 | Washington, DC |

CIGNA UPDATES FEE SCHEDULE

CIGNA has announced that it has performed its annual update on the Maine Physician Fee Schedule, which affects all practices contracted with CIGNA through MNH. They describe the updates as a “modest increase in overall physician payments while also updating to 2008 RVUs.”

The fee schedule updates are effective November 1, 2008. MNH is due to receive a copy of the actual schedule for our maintenance. As always providers can access the fees online through the CIGNA provider portal at <https://CIGNAforHCP.com>.

MARTIN’S POINT’S NEW REIMBURSEMENT MODEL

Martin's Point has initiated a new Comprehensive Payment Model for primary care providers in their USFHP and Generations Advantage networks. This new model addresses what they believe are shortcomings in the traditional compensation and reimbursement methods for primary care providers. They say that current compensation does not adequately support today's primary care environment and may actually create a barrier to comprehensive patient-centered care.

The payment changes, which will apply to Generations Advantage participating providers through MNH, include: increased monthly per-member/per-month (PMPM) payments for all PCP practices; additional payments for patient-centered systems and care management processes; payment for non-traditional services such as e-visits and telephone consults; and outcomes-based quality payments based upon national measures. Future changes in monthly payments will include payments based on NCQA Physician Recognition Programs, and outcomes-based payments based on NCQA's HEDIS measures of physician performance.

PLANNING FOR BTE OR NCQA RECOGNITION?

Our Quality Support Program will give you a free one hour consultation to help you determine your practice’s readiness to apply for national recognition programs such as NCQA or BTE. While we do not endorse a specific national program, we will assist you in determining strengths and areas for improvement through a thorough pre-assessment process.

We will work with you to help plan the steps necessary to advance your practice for potential recognition and pay for performance rewards. For more information or to schedule a free consultation, contact the Quality Support Program at 942-2844.

CMS PROMOTES E-PRESCRIBING

Medicare is taking new steps to speed the adoption of electronic prescribing (e-prescribing) by offering incentive payments to physicians and other eligible professionals who use the technology.

Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful e-prescribers—a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one half percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful e-prescribers will receive a reduction in payment.

Medicare is expected to save up to \$156 million over the five-year course of the program in avoided adverse drug events. It’s been estimated that Medicare beneficiaries experience as many as 530,000 adverse drug events every year.

CMS PAYS OUT FOR PQRI

The first payments under the Medicare Physicians Quality Reporting Initiative (PQRI) have been awarded.

Through PQRI, the Centers for Medicare & Medicaid Services (CMS) has provided more than \$36 million in bonus payments to more than 56,000 health professionals who reported quality information to Medicare. The average incentive amount for individual physicians was \$600 and the average incentive payment for physician group practices was \$4,700. The largest payment to a physician group practice totaled more than \$200,000.

Recent legislation extends the physician quality reporting system and provides for incentive payments of 2 percent for reporting data on quality measures in 2009 and 2010, up from 1.5 percent in 2008. In addition, CMS will post on its Web site the names of eligible professionals who satisfactorily submitted data on PQRI quality measures and establish a Physician Feedback Program in which claims and other data will be used to develop confidential reports to physicians that measure the resources involved in furnishing care to Medicare beneficiaries.

For additional information, please go to: <http://www.hhs.gov/valuedriven/> and <http://www.cms.hhs.gov/pqri/>

STUDY ON E.D. USE

The Governor has called for a special study to examine hospital emergency department use in Maine. The report, administered by the Muskie School of Public Service at the University of Maine, is expected by the end of the year.

Maine's rate of emergency department utilization is over 40% higher than the national average, and has increased by almost 20 percent in the last 5 years.

Trish Riley, Director of the Governors Office for Health Policy & Finance, has been quoted as saying that unnecessary use of emergency room services drives up health care spending in Maine, yet a number of hospitals are seeking approval to expand their emergency departments.



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**COLLABORATING FOR HEALTHCARE
EXCELLENCE**

MNH CONTRACTED PAYORS

Aetna, Inc. (Commercial Plans)

www.aetna.com
(800) 624-0756

Aetna Medicare Advantage Plans

www.aetna.com
(800) 624-0756

Arcadian Health Plan d/b/a Northeast Community Care

www.northeastcommunitycare.com
(800) 998-3056

CIGNA HealthCare of Maine

www.cigna.com
(888) 244-6264

EBPA/CBA (CompNet Network)

www.EBPAbenefits.com
(800) 525-8788

Coventry (formerly First Health /HCVM)

www.cvty.com
(800) 937-6824

Great-West Healthcare (now part of CIGNA)

www.greatwesthealthcare.com
(207) 828-5084

Humana ChoiceCare (Commercial)

www.humana.com
(800) 626-2741

Humana ChoiceCare (Medicare Advantage)

www.humana.com
(800) 626-2741

Martin's Point Health Care (Generations Advantage)

www.martinspoint.org
(888) 732-7364

Micmac Health Department

www.micmac-nsn.gov/html/micmac_health.html
(207) 764-6968

MultiPlan/PHCS (Private Health Care Systems)

www.MultiPlan.com
(800) 548-3887

Please refer to member cards for appropriate mailing addresses.